

**Betsy Lehman Center for Patient Safety and Medical Error Reduction
1st Annual Symposium
December 2, 2004
Massachusetts Medical Society
Waltham, Massachusetts**

Registration Form

Name:

Title:

Organization:

Address:

Phone:

Fax:

E-mail:

Space for this conference is limited. Please fax this registration form to (617) 624-5046 by *Friday, November 19th*. Thank you.

Cancellation Policy: If you register for the conference and are unable to attend, please contact Christy Angiulo at Christy.Angiulo@state.ma.us or (617) 624-5009

Thank you.